

## APPLICATION DATA SHEET

### Application Information

**Application Number::** Not Yet Assigned  
**Filing Date::** March 22, 2006  
**Application Type::** U.S. National Stage under 35 U.S.C. 371  
**Subject Matter::**  
**Suggested Classification::**  
**Suggested Group Art Unit::**  
**CD-ROM or CD-R?::**  
**Number of CD Disks::**  
**Number of Copies of CDs::**  
**Sequence Submission?::**  
**Computer Readable Form (CFR)?::**  
**Number of Copies of CFR::**  
**Title::** ANTIGENS FOR AN EAST COAST FEVER VACCINE  
**Attorney Docket Number::** 41860-229250  
**Request for Early Publication?::**  
**Request for Non-Publication?::**  
**Suggested Drawing Figure::**  
**Total Drawing Sheets::**  
**Small Entity?::** Yes  
**Latin Name::**  
**Variety Denomination Name::**  
**Petition Included?::**  
**Petition Type::**  
**Licensed US Govt. Agency::**  
**Contract or Grant Numbers::**  
**Secrecy Order in Parent Appl::**

**Applicant Information  
PREVIOUSLY SUBMITTED**

**Given Name::** Evans  
**Middle Name::**  
**Family Name::** TARACHA  
**Residence/Country::** Nairobi, Kenya

**Given Name::** Malcolm  
**Middle Name::** J.  
**Family Name::** GARDNER  
**Residence/Country::** Potomac, Maryland (U.S.A.)

**Given Name::** Vishvanath  
**Middle Name::**  
**Family Name::** NENE  
**Residence/Country::** Potomac, Maryland (U.S.A.)

## Correspondence Information

**Correspondence Customer Number::** 26694  
**Phone Number::** (202) 344-4000  
**Fax Number::** (202) 344-8300  
**E-Mail Address::**

## Representative Information

**Representative Customer Number::** 26694

## Domestic Priority Information

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
60/504,428	Continuation of		22 September 2003
	Continuation of		

## Foreign Priority Information

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

## Assignee Information

**Assignee Name::** International Livestock Research Institute (ILRI)  
**Street of Mailing Address::** P. O. Box 30709  
**City of Mailing Address::** Nairobi  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** KENYA  
**Postal or Zip Code of Mailing Address::** 0100  
#735127